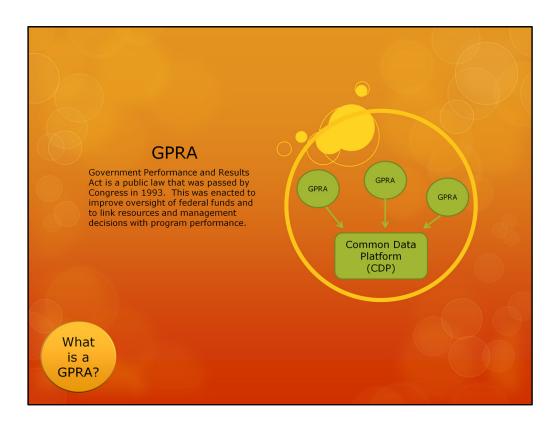


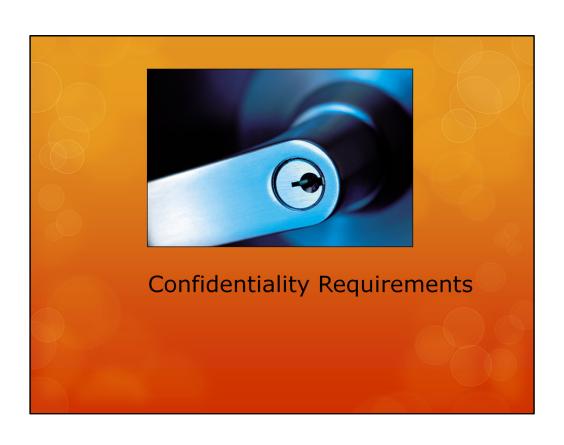
This is an overview of the GPRA training for your information. In order to receive the certification, please complete the training located at www.atr.dhw.idaho.gov.

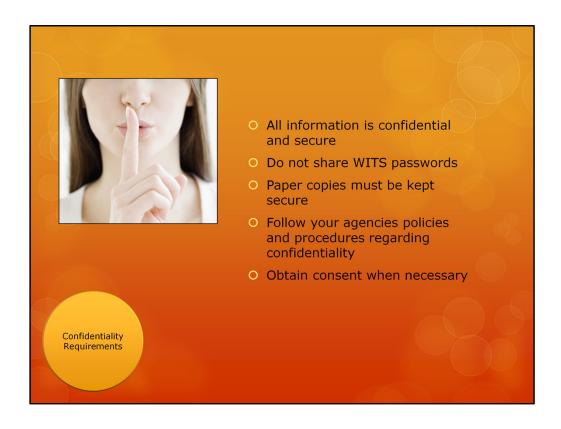




GPRA is the assessment required under the Government Performance and Results Act that was passed by Congress in 1993. The GPRA is a tool that enables better oversight of Federal funds and allows resources and management decisions to be linked to program performance.

GPRA data is uploaded to the Common Data Platform (CDP). The CDP is a central repository where data is saved.





The GPRA falls under HIPAA and CFR 42 regulations. This means all information must be kept confidential and secure at all times.

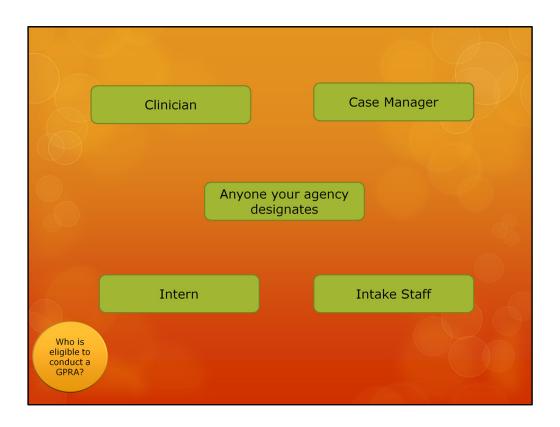
One of the most common violations of HIPAA regarding the GPRA is sharing WITS login information. No one should have access to your WITS password, not even your supervisor. The process is fairly simple to create a new account if another staff member needs to log in to WITS to complete a GPRA. Contact your AWA or the WITS Help Desk if you have questions about this.

If your agency keeps a paper copy of the GPRA, it must be stored in a secure location that is only accessible by approved staff. The preference is to store confidential information in a locked file cabinet that is in a locked room.

Your agency should have policies and procedures regarding the transfer, removal, and disposal of confidential information. The GPRA would fall under these guidelines.

If a client is a minor or an adult with a guardian, be sure to have an active consent on file prior to completing the GPRA.





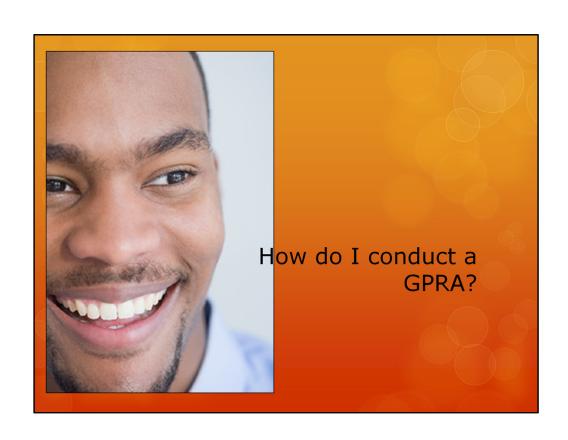
Anyone designated by your agency is eligible to complete a GPRA. There are no restrictions based on job title or licensing to conduct a GPRA.

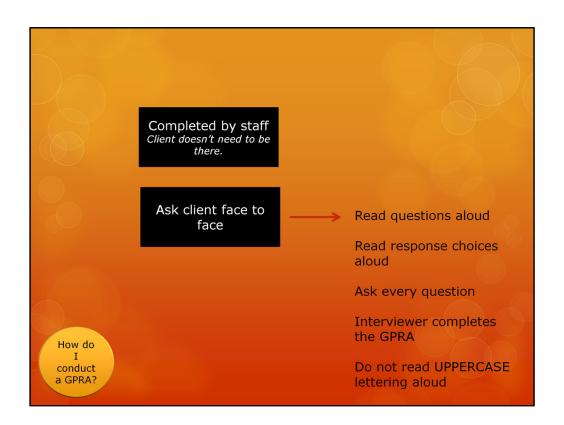
Also, any GPRA authorized on or after May 1, 2015, will be a duration based service, up to 1 hour. Any GPRA authorized before that will be a unit based service.





The Government Performance and Results Act requires the development of a strategic plan that specifies the planned accomplishments over a 3 to 5 year period. It also requires performance targets related to the strategic plan be set on an annual basis. The act then requires annual reports on the degree to which the targets set in the previous year were met. Finally, it allows regular evaluations of programs to be conducted. Using these evaluations, programs can explain the successes and failures based on the data supplied.

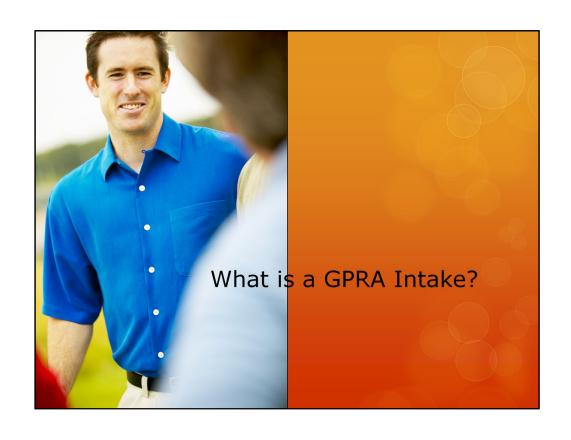


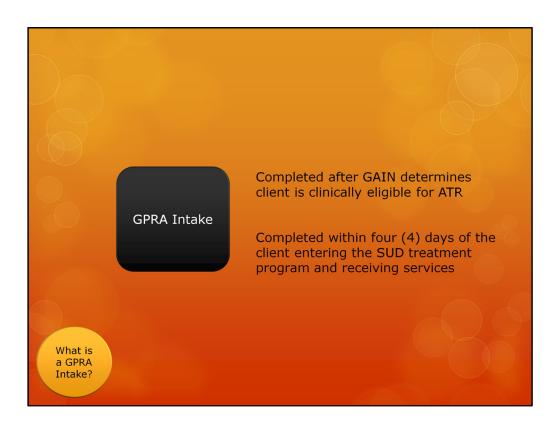


Some questions are meant to be completed by staff and others are meant to be addressed to the client face to face. For the questions asked of the client, read the question aloud, as written. You will also read the clients response choices aloud. Please be sure you ask every question and do not ask your client to complete the GPRA on their own. Any text that is written in uppercase lettering should not be read aloud.



Here is an example of an answer that has uppercase lettering. You would read yes or no aloud, but not refused, don't know, or missing data.





The GPRA Intake is completed for clients that meet the clinical eligibility for ATR funding, so after the GAIN is completed. Providers must collect GPRA data on each client as soon as possible after the client's GAIN assessment, but no later than 4 business days after the client officially enters the Substance Use Disorder (SUD) treatment program. The program entry date should be the date which the client began receiving ATR funded services.

While there are exceptions to the GPRA Follow up and Discharge that will allow you to conduct the interview telephonically, the GPRA Intake should always be conducted face to face. The exceptions for the Follow up and Discharge are listed in those sections.



The GPRA Intake will cover sections A through G.

Section A. Record Management asks basic questions about the interview and screening for co-occurring mental health and substance use disorders.

Section A. Services asks you to choose the services you will be providing for the client. These 2 sections are meant to be completed by staff and not asked of the client. The remaining sections are all to be asked of the client.

Section A. Demographics asks about the clients birth date, Race, ethnicity, and gender.

Section A. Military Family and Deployment asks about military history for the client and the clients family.

Section B deals with the clients substance use and route of usage over the past 30 days.

Section C discusses the clients housing and emotional stability as well as questions about the living arrangements of their children if applicable.

Section D covers education, employment, and sources of income.

Section E asks about the clients legal status.

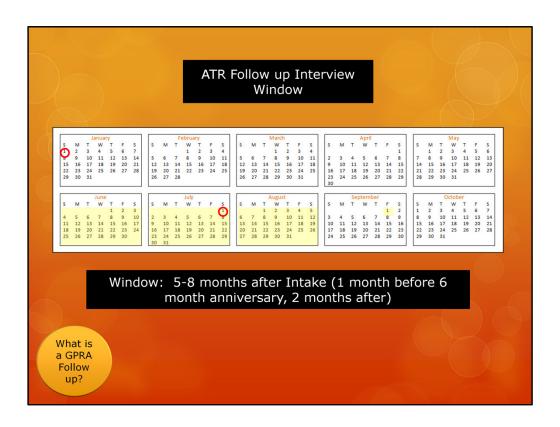
Sections F-G examine the clients physical and emotional health, as well as their history of dealing with

violence and trauma, and their support system.





The GPRA Follow up, is meant to be conducted 6 months after the date of the GPRA intake. The eligible timeframe or "window" to collect the GPRA Follow up is 1 month before the 6 month anniversary or 2 months after. This makes the window to complete the GPRA Follow up 5-8 months after the date of the GPRA Intake.

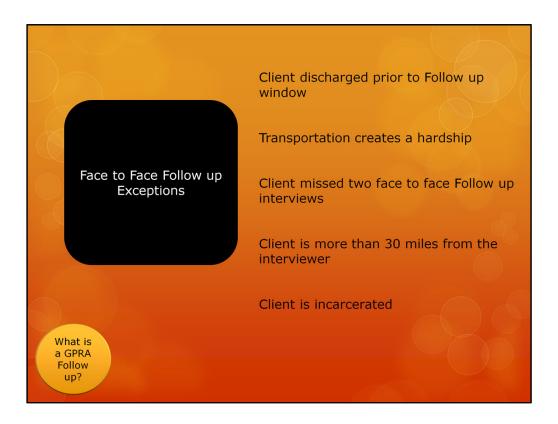


In this example, the GPRA Intake was conducted on January 1st. The 6 month Follow up date would be July 1st. The window to complete the GPRA Follow up and remain in compliance would be anytime between June 1st and September 1st.



The federal target rate for completed GPRA follow up Is 100%, but the minimum allowable rate is 80%. In order to provide an incentive for providers to meet this target, the GPRA Follow up is reimbursed at a higher rate than the GPRA Intake and Discharge.

It's important to take advantage of this incentive, because you will be required to complete the GPRA Follow up for every ATR client. If the GPRA is not completed during the eligible window, you will not be reimbursed for the GPRA Follow up since it is non-compliant, but you will still be required to complete it per your agreement.



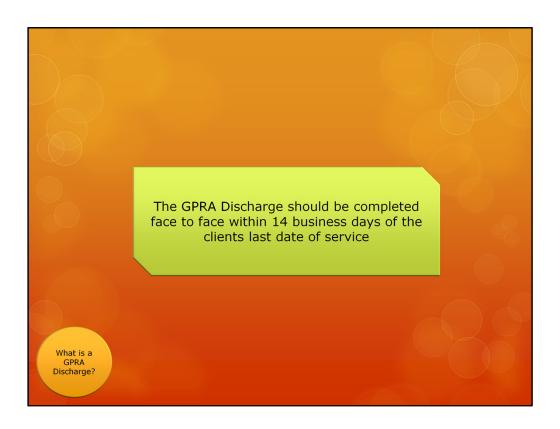
With the intention of making it more feasible to always complete the GPRA Follow up, Idaho has been granted an exception to the face to face requirement. This allows providers to conduct the GPRA Follow up telephonically under the following circumstances:

- The client has already been discharged either because they have dropped out of treatment or they have successfully completed treatment prior to the GPRA Follow up window;
- The client and/or the clients family have transportation or other difficulties that make conducting a face to face interview a hardship;
- The client has been scheduled for 2 face to face interviews and does not present for either;
- The client is located more than 30 miles from the GPRA collector; or
- The client is incarcerated.



The Follow up covers some of the same sections as the Intake. Sections B through G will need to be completed again. Section I asks for the follow up status. Section I is to be completed by staff and not asked of the client.





The GPRA Discharge should be completed face to face within 14 business days of the clients last date of service.



The GPRA Discharge also covers some of the same sections as the Intake and Follow up. Sections B through G will need to be completed again. In addition, you will need to complete sections J and K, which asks about the clients discharge status, updates on HIV testing, and services received. Sections J and K are completed by staff and not asked of the client.



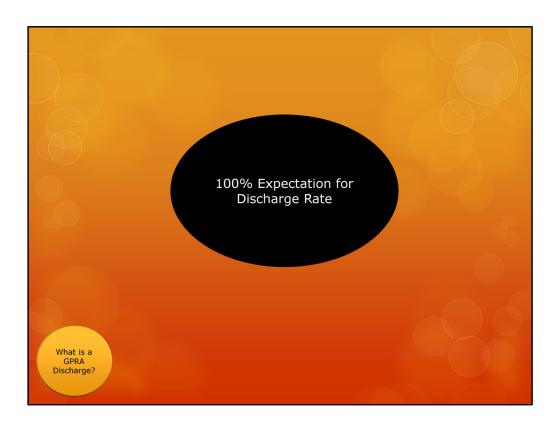
The GPRA discharge can also be completed telephonically under the same circumstances:

- The client and/or the clients family have transportation or other difficulties that make conducting a face to face interview a hardship;
- The client has been scheduled for 2 face to face interviews and does not present for either;
- The client is located more than 30 miles from the GPRA collector; or
- · The client is incarcerated.

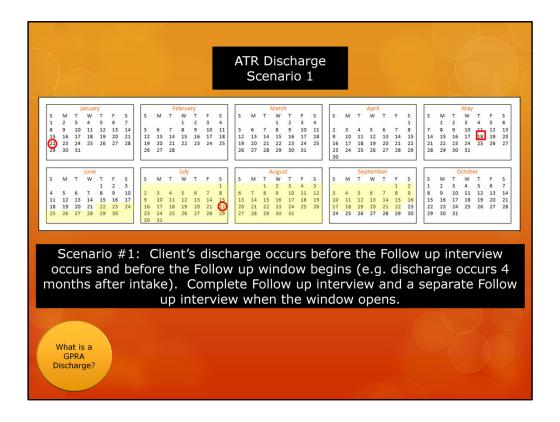


If you are unable to contact the client to conduct the interview or if the discharge is within 30 days of the Follow up, you can complete an Administrative Discharge. An Administrative Discharge is a shortened version of the full Discharge and only requires you to complete sections J and K, which are to be completed by staff and not asked of the client. If you're unable to contact the client w/ in 14 business days to conduct the discharge GPRA then do the administrative GPRA on the 14th day.

To complete the Administrative Discharge you will create the GPRA Discharge in WITS as you normally would and answer that you did not complete an interview in response to the first question. This will allow you to only complete sections J and K.

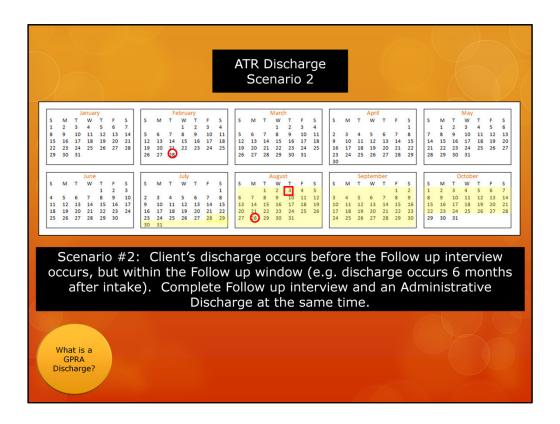


There is no federal target rate for discharges, but with the capability of doing Administrative Discharges the expectation is to conduct a Discharge on 100% of clients.



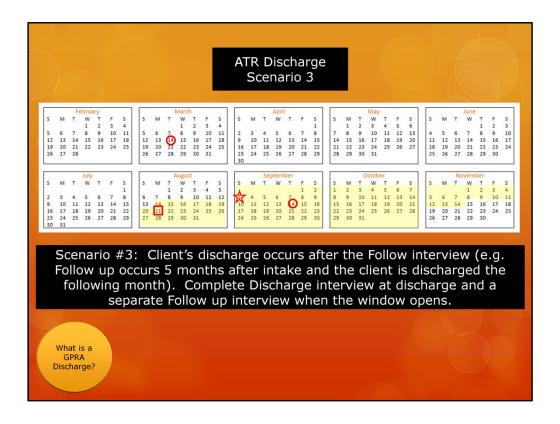
In this scenario our client had a GPRA Intake conducted on January 22. 6 months after the intake is July 22, so the Follow up Window is from June 22 to September 22.

The client is discharged on May 18. For this client you would complete the Discharge first, then call the client within the Window to conduct the Follow up interview telephonically.



For this scenario, the client had a GPRA Intake conducted on February 28. 6 months after the Intake is August 28, so the follow up window is from July 28 to October 28.

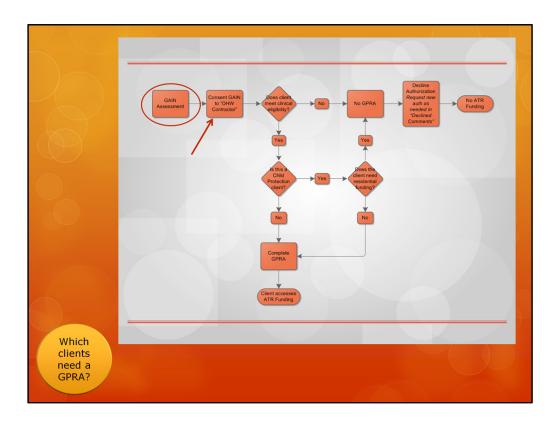
The client is being discharged on August 3rd, so you could complete a face to face GPRA Follow up and an Administrative Discharge at the same time.



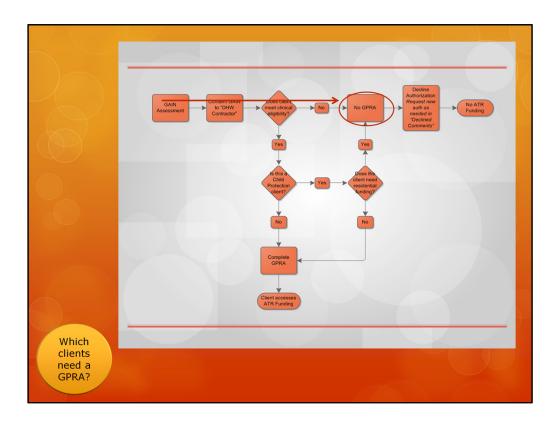
For the third scenario, the client had a GPRA Intake conducted on March 14. 6 months after the Intake is September 14, so the Follow up Window is from August 14 to November 14.

The client had a Follow up completed on August 21. The client then discharged on September 3. For this client you would complete the GPRA Follow up with a face to face interview, then complete an Administrative Discharge on September 3.

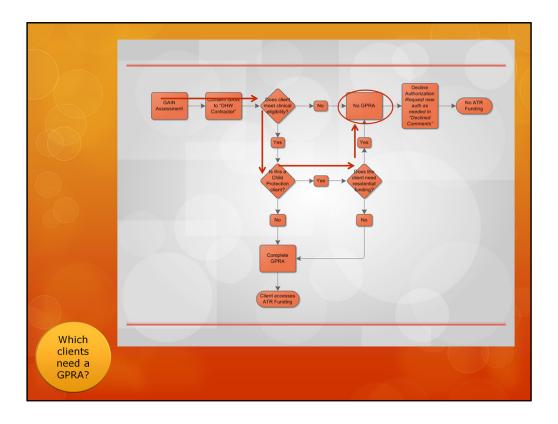




When a client is initially referred to a provider, they must have a GAIN assessment completed to ensure they meet the clinical eligibility requirements of ATR. The GAIN assessment should always be consented to DHW Contractor.



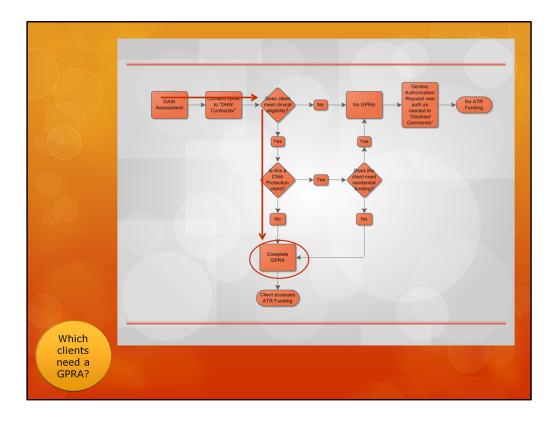
If the client does not meet the criteria, you will not complete a GPRA. After consenting the GAIN to DHW contractor, you will decline the authorization, then enter a "Declined Reason" and "Declined Comments" when prompted. Be sure to state that the client does not meet clinical eligibility for ATR 4 funding and request a new authorization for the GAIN assessment. This client will not receive ATR funding for treatment.



If the client is a child protection client and meets the clinical eligibility requirements, but needs residential treatment, the client may be transferred to DHW Child Protection SUD funding to access residential services.

Complete the same process of consenting the GAIN and declining the funding, adding the comment that the client needs to be transferred to IDHW-Child Protection SUD funding in order to access residential services.

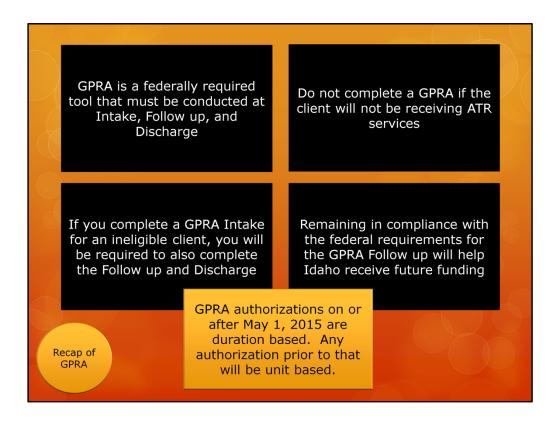
If the client transfers to Child Protection SUD funding, you will not complete a GPRA.



If the client meets the clinical eligibility requirements complete the GPRA.

Once a client has a GPRA Intake, you will be responsible for completing the GPRA Follow up and Discharge. If they are not completed, you will be out of compliance according to your agreement to serve ATR clients.





The GPRA is a federal requirement.

A GPRA must be conducted at Intake, Follow up, and Discharge.

Do not complete a GPRA if the client will not be receiving ATR services.

If you do complete a GPRA for a client that will not be receiving ATR services you will be required by your agreement to serve ATR clients to complete a Follow up and Discharge GPRA.

Completing the Follow up is incredibly important because it keeps the state of Idaho in compliance with the federal regulations and will assist Idaho in continuing to receive grants such as this.

For any ATR client authorized on or after May 1, 2015, the reimbursement rates will be based on the duration of the session, up to 1 hour. For any client authorized prior to May 1, 2015, the unit based reimbursement rates will be effective for the life of the authorization.



Contact Crystal Campbell if you have questions regarding the GPRA requirements.

Contact the WITS Help Desk if you have questions regarding the functionality of entering a GPRA into WITS.

Resources:

www.atr.dhw.idaho.gov www.wits.idaho.gov

GPRA FAQs

Increasing Follow up Rate Strategies

Questions by Question Guide to the GPRA

Should I conduct a GPRA? (Process Flow)